

Disabled Farmers Questionnaire

Agribusiness Information	
What is the name of the Agribusiness where you work?	_____
What is the area of production for the Agribusiness?	_____
Are you the owner of the Agribusiness?	_____ Acres _____
If you are not the owner, what is your job title?	_____
What is your employment status? (check one)	1. () Full Time 3. () Seasonal 2. () Part Time 4. () Unemployed

Alabama Department of Agriculture and Industries
Disabled Agribusiness Programs Technical Support

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Please give a brief history of how you sustained your injury.

Please give a brief description of your job duties and the barriers you now face due to the injury sustained.